

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90167 047 ***150.00

DOCUMENT # P99000073949

1. Entity Name
PORTLAND SERVICES, INC.

Principal Place of Business

12349 S.W. 132ND. COURT
MIAMI FL 33186
US

Mailing Address

12349 S.W. 132ND. COURT
MIAMI FL 33186
US

2. Principal Place of Business

13250 SW 128th. Street

Suite, Apt. #, etc.

Unit # 111

City & State

MIAMI, FLORIDA

Zip

Country

33186

USA

3. Mailing Address

13250 SW 128th. St.

Suite, Apt. #, etc.

Unit # 111

City & State

MIAMI, FLORIDA

Zip

Country

33186

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0942421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPES, ERNESTO P
12294 S.W. 140TH. STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
LOPES, ERNESTO P
12294 S.W. 140TH. STREET
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

305-969-3136

Daytime Phone #

CR2E034 (9/01)